



City of Calverton Park

52 Young Drive
Calverton Park, Missouri 63135
Phone: 314-524-1212
Fax: 314-524-2012
www.calvertonparkmo.com

Residential Occupancy Permit Application

***Paper copy of Driver's License, State Picture Identification or Valid Passport Required for occupants over the age of 18 to be kept on file**

***Paper copy of Birth Certificate required for occupants under the age of 18**

***Homeowners will need paper copy of deed to be kept on file**

***Renters will need paper copy of lease to be kept on file*RENTERS-ALL PERSONS ON CERTIFICATE OF OCCUPANCY MUST BE ON THE LEASE**

DO NOT SUBMIT ORIGINALS

****ALLOW 24 HOURS FOR PROCESSING OF CERTIFICATE OF OCCUPANCY
DO NOT MOVE IN DURING PROCESSING**

Please Print all Information Clearly

ADDRESS (MOVING INTO) _____

***Rent** ***Own** **Total Bedrooms:** _____ **# of Dogs** _____
of Cats _____

Name of HEAD OF HOUSEHOLD

Date of Birth

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Cell # _____ **Email** _____

Name of Additional Occupants	Date of Birth	Relationship to Head of Household	Gender

CERTIFICATE ~ Not a Warranty

In issuing this Occupancy Permit, the City does not intend to, nor does it warrant, insure, or guarantee to the holder thereof, to his or her assignee or to any other interested person, that there are no violations of any provision of this or any other Ordinance. The City makes no warranty or representation, whatsoever, as to the condition of any building.

The City's residential occupancy inspection does not replace the occupant's own obligation to be satisfied with the premises being occupied and to undertake private inspections.

I understand it is unlawful to allow occupancy of the premises by anyone other than the owner without first receiving an Occupancy Permit and that it is unlawful to allow any person to occupy these premises who is not named above. I certify that the answer contained herein are true and accurate in all respects to the best of my knowledge and belief.

Signature of Applicant **Printed Name** **Date**

Witness – City Clerk or City representative Date

Maximum Number of Occupants: _____ **Date Passed:** _____ **Inspector:** _____